



BERNALILLO COUNTY PARKS & RECREATION

APPLICATION FOR FREE OR REDUCED FEE(S)



Section/Program: SPORTS, Youth Basketball League

APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of \$15 for each child is due at the time of enrollment, payable in all forms EXCEPT CASH. Thank you.

PARENT/LEGAL GUARDIAN INFORMATION:

NAME OF PARENT: _____ HOME #: _____
EMAIL ADDRESS: _____ CELL #: _____
Physical Address: _____ City/State/Zip _____
Last Four SS #: _____ Verified: ☐ Please ☒ if applicable: I am not the natural parent, but can prove legal guardianship: _____

NAME OF PARENT: _____ HOME #: _____
EMAIL ADDRESS: _____ CELL #: _____
Physical Address: _____ City/State/Zip _____
Last Four SS #: _____ Verified: ☐ Please ☒ if applicable: I am not the natural parent, but can prove legal guardianship: _____

HOUSEHOLD STATUS: (PLEASE ☒) SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

Please note: *If legally married, yet separated, please provide proof of separate residences (ex: court document, utility bill, etc.)*

PLEASE LIST ALL HOUSEHOLD MEMBERS HERE:

NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
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NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____
NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ OR USCIS/GREEN CARD ID: _____

STAFF USE ONLY

SS Verified _____
BC. VERIFIED _____

SS Verified _____
BC VERIFIED _____

SS Verified _____
BC VERIFIED _____

SS Verified _____
BC VERIFIED _____

SS Verified _____
BC VERIFIED _____

All Current Household Income Sources (check all that apply): Employment _____ SNAP _____ TANF _____ SSI _____

Other: _____ (Specify) GROSS MONTHLY INCOME: \$ _____ HOUSEHOLD SIZE: _____

In signing this application below, I certify that all of the above information is true and correct to the best of my knowledge, and that all household income is being disclosed here. I understand that the information on this application will be used solely for the determination of the Free or Reduced Fee for Bernalillo County's Parks & Recreation YBL Sports Program. *(I also understand that proof of income must be supplied with this application.)*

Parent/Legal Guardian Signature _____

Today's Date _____

THIS SIDE TO BE COMPLETED BY STAFF ONLY:

PLEASE CHECK ALL THAT APPLY					
	PROGRAM NAME	SEASON		BASIC COST	COST (Per Line)
	YBL SPORTS	SUMMER	WINTER	\$100	(\$100)
1					
2					
3					
4					
5					
6					

TOTAL COST OF PROGRAMS: \$ _____

TOTAL COST TO APPLICANT: \$ _____

Check One: Reduced (50% off) _____
 Free _____

TOTAL COST TO COUNTY: \$ _____

GRAND TOTAL: \$ _____

RecCenter RECEIPT NO(S)

PRE-APPROVED FOR: FREE: _____ REDUCED: _____ DOES NOT QUALIFY: _____

IF APPLICANT RECEIVES SNAP OR TANF, *WRITE-IN END DATE FOR CERTIFICATION*: _____

IF APPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE _____ MONTHLY INCOME: \$ _____

PROCESSOR'S NAME: _____ SIGNATURE: _____ DATE: _____

CENTER/SECTION MGR.'S SIGNATURE: _____ DATE: _____

F & R AUDITOR COMPLETES:

APPROVED FOR: FREE: _____ REDUCED: _____ DOES NOT QUALIFY: _____

Center: _____

Sheet: _____ Quarter: _____

EXPLANATION (IF DENIED): _____

_____ See Attached: _____

AUDITOR'S NAME: Ruth Smith SIGNATURE: _____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____